



## The Pensioner: In the Moment

Welcome to the digital MPERS newsletter! *The Pensioner: In the Moment* contains news, updates, and important information for retirees of the Missouri Department of Transportation, the Missouri State Highway Patrol, and MPERS.

# MPERS' Matters

## Investments PART 2

In the March edition of *The Pensioner: In the Moment*, the oversight formula was introduced:

$$C + I = B + E$$

**C = Contributions**

**I = Investments**

**B = Benefits**

**E = Expenses**

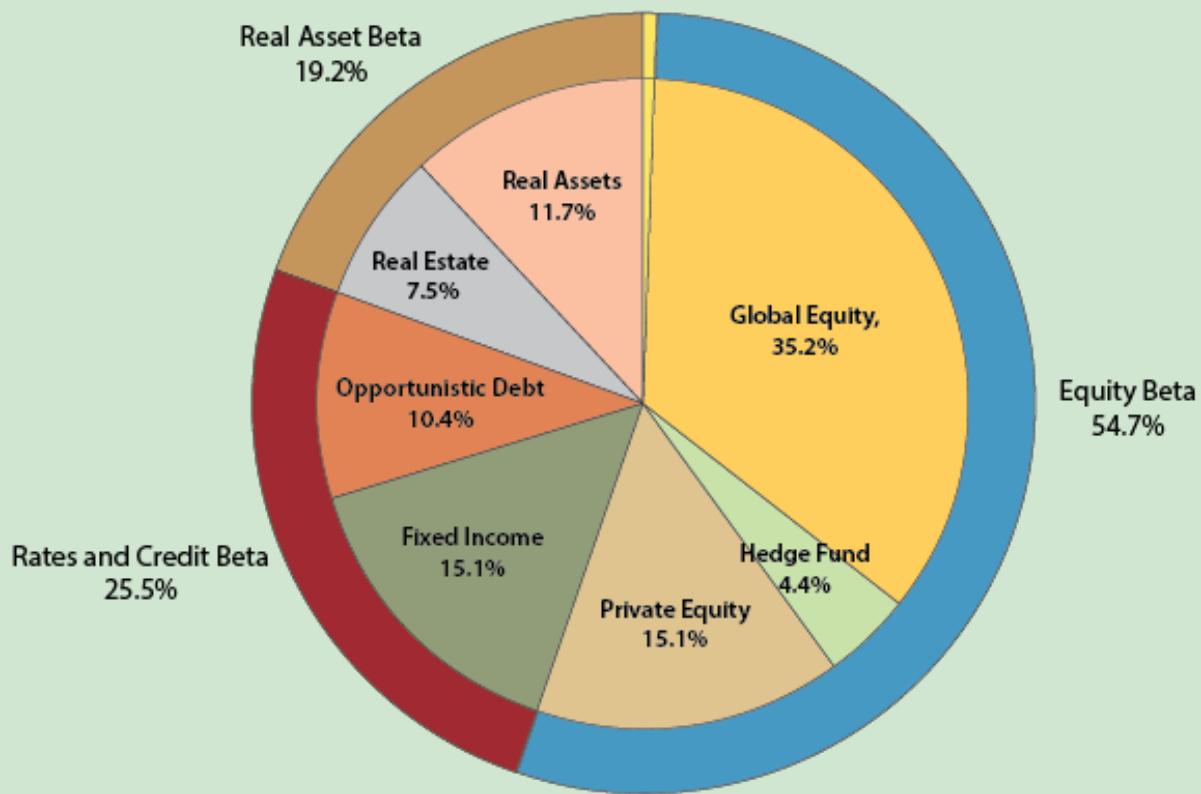
As noted in last month's MPERS' Matters, the MPERS Board of Trustees has responsibility for the investment of assets used to cover the payments for the System's beneficiaries.

This is an area where the Board of Trustees has a lot of flexibility with decision-making. These decisions are critical for public pension plans

because investment returns often cover 60% or more of the cost of a pension plan. Over the last 20 years or so, investment returns have covered approximately half of the cost of the benefits administered by MPERS.

Investment direction is largely established through MPERS' Investment Policy, which includes the asset allocation. Asset allocation involves dividing an investment portfolio among different asset categories such as stock, bonds, real estate, and cash. This board-approved allocation, noted in the chart below, provides direction for the professional investment staff on how to invest these assets.

In order to have positive investment returns, the investor (MPERS) must take some amount of risk otherwise the employers would have to cover an unnecessarily high cost. If an investor takes too little risk, investment returns are minimal, thereby putting extra costs back on the covered employers. Taking too much risk on the other hand, may result in excessive losses during market downturns, again putting extra pressure on covered employers. The Board must consider this delicate balance and spend considerable time and attention when developing or changing an asset allocation.



The asset allocation is reviewed at least annually to be sure the Board knows the return expectations and the associated risk. The asset allocation is also reviewed more formally through an in-depth process called an [asset/liability study](#), usually every five years. This extensive review helps to align the risk taken with the Plan's liabilities.

For a more in-depth study of MPERS' Investment Policy and how it evolved, see the [white paper on the Evolution of Investments](#) located on MPERS' website.

**Want to learn more about MPERS' asset allocation? Click here!**



MPERS Serving those who keep us safe.			Authorization to Release Benefit Information		
<i>This form authorizes MPERS to release your pension benefit information to another person or organization.</i>					
<b>Member Information</b>					
Social Security Number:	Member's Name: (Last)	(First)	(MI)		
Daytime Phone Number:	Email Address:				
<b>Authorization for Person or Organization</b>					
I authorize MPERS to release information regarding my benefits to the following person(s) or organization(s).					
Person's Name:	(Last)	(First)	(MI)		
Organization's Name:	Contact:				
Mailing Address:	City	State	Zip Code		
Daytime Phone Number:	Email Address:				
This Authorization to Release Benefit Information will be effective for: (mark one)					
<input type="checkbox"/> 90 days (one-time authorization) <input type="checkbox"/> For My Lifetime (unless amended or revoked)					
MPERS will not be held responsible for the release and subsequent use of the requested information. I understand that I have the right to revoke this authorization, provided that I do so in writing, except to the extent that MPERS has already used or disclosed the information in reliance on the authorization.					
Member Signature:		Date:			

If you would like to give permission for a person or an organization to speak to MPERS about your pension benefits, simply complete the MPERS [Authorization to Release Information](#) form.

Why is this important? A good example would be if a member's spouse calls on behalf of the member. If we do not have an [Authorization to Release Information](#) on file, MPERS' staff will not be able to speak with the spouse about the member's pension benefit. If the member were to complete this form and give permission for staff to speak with the spouse, we can do so without issue.

As a member, you can give authorization to a spouse, sibling(s), child(ren), trusted friend(s), financial advisor, etc.

The [Authorization to Release Information](#) form is different from the [Designation of Agent](#) form and/or Power of Attorney.

Completion of the [Designation of Agent](#) form allows a member to designate an agent to act on his/her behalf should the member become incapacitated. This form is only applicable to MPERS-related business and is not transferrable to other agencies or organizations.

The [Authorization to Release Information](#) form, the [Designation of Agent](#) form, and many others are located at [www.mpers.org](http://www.mpers.org), under the Forms section of the Resources tab.

If you need assistance with these forms or others, please contact an MPERS benefit specialist by phone at 800-270-1271 or by email at [mpers@mpers.org](mailto:mpers@mpers.org).

 <b>MPERS</b> MoDOT & Patrol Employees' Retirement System Serving those who keep us safe. P.O. Box 1950 • Jackson City, MO 65012-1950 Phone: (573) 298-4000 • Fax: (573) 292-4111 • Email: <a href="mailto:mpers@mpers.org">mpers@mpers.org</a> Website: <a href="http://www.mpers.org">www.mpers.org</a>		Designation of Agent <small>(For MPERS Benefits)</small>
<b>SECTION A – PLAN PARTICIPANT INFORMATION</b>		
Name: (Last, First, MI) _____ Social Security Number: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Email Address: _____ Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Alternate Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
<b>SECTION B – AGENT INFORMATION</b>		
1. Do you want your agent(s) named below to be able to designate or change beneficiaries applicable to your MPERS benefits? <input type="radio"/> Yes <input type="radio"/> No 2. If you answered yes to the preceding question, can your agent(s) designate himself/herself as beneficiary? <input type="radio"/> Yes <input type="radio"/> No 3. If your agent(s) can designate himself/herself as beneficiary, can your agent designate himself/herself as successor agent? <input type="radio"/> Yes <input type="radio"/> No		
<b>Primary Agent:</b> The Agent named below will act for me (under the provision of Section 104 1053, RSMo) with the authority to apply for and receive benefits on my behalf as provided or through MPERS. Agent(s) must be at least 18 years old.		
Primary Agent's Name: (Last, First, MI) _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____		Preferred Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<b>Successor Agent (Optional Designation):</b> In the event the agent listed above cannot or will not act, the successor agent named below will have the same authority as described above.		
Successor Agent's Name: (Last, First, MI) _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____		Preferred Phone Number: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
<small>I acknowledge and understand that the responsibility for my agent's decisions regarding the proper application and use of my benefits, as provided by or through MPERS, is a matter exclusively between me and my agent (or successor agent). I hereby waive any claims against MPERS or its employees and agents to the extent that they may arise from any action taken by my agent (or successor agent) on my behalf. I realize that my designation of agent(s) may be prima facie evidence that I may have previously renounced my rights.</small>		
<small><b>Effective Date of Designation:</b> This Designation of Agent shall become effective upon my physician determining that I am disabled or incapacitated and communicating that determination to MPERS in writing. The authority of my agent (or successor agent) shall terminate if I become disabled or incapacitated.</small>		
Plan Participant's Signature: _____ Date: _____ <small>If there is any difference between the information provided on this form and the law or policies which govern MPERS, the law and policies will prevail.</small>		



*July*

## Upcoming Events

- 5 - Independence Day observed; office closed
- 15 - Deadline to submit direct deposit and/or tax withholding changes. [Complete changes here.](#)
- 30 - Payday for benefit recipients



We value your feedback!

What would you like to see in *The Pensioner: In the Moment?*  
Send comments and suggestions to [Julie.West@mpers.org](mailto:Julie.West@mpers.org).